

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

MAGNESS, et al.

Plaintiff(s)

v.

BANK OF AMERICA, et al.

Defendant(s)

Civil Action No. 15-cv-02402

**AFFIDAVIT OF SERVICE**

I, Arkady “Eric” Rayz, Esquire, hereby certify that true and correct copies of the Summons, Complaint and accompanying documents, if any, in the above-referenced matter were mailed to the following parties, on or about May 29, 2015, via First Class Mail and via simultaneous Certified Mail, Return Receipt Requested (hereinafter “CMRRR”), as evidenced by the transmittal letters and signed receipts from the certified mailings attached hereto.

Exhibit “A”

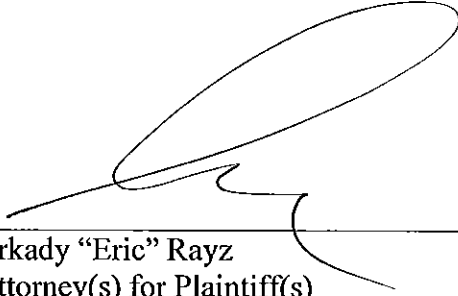
URBAN LENDING SOLUTIONS  
11802 Ridge Parkway, Suite 200  
Broomfield, CO 80021

CMRRR: 6/3/15

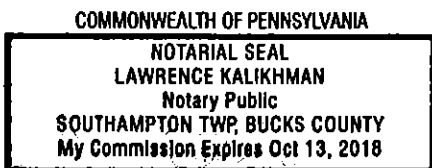
DIALOGUE MARKETING, INC.  
300 East Big Beaver Road, Suite 400  
Troy, MI 48083

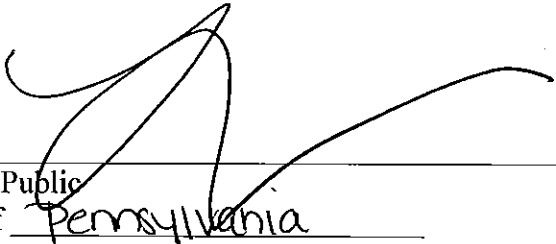
CMRRR: 6/4/15

**(SIGNATURE ON THE NEXT PAGE)**

  
Arkady "Eric" Rayz  
Attorney(s) for Plaintiff(s)  
Kalikhman & Rayz, LLC  
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Huntingdon Valley, PA 19006  
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E-mail: erayz@kalraylaw.com

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by  
ERIC Rayz, on the 9<sup>th</sup> day of  
June, 2015.



  
Notary Public  
State of Pennsylvania  
County of BUCKS  
My commission expires: 10/13/18

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Urban Lending Solutions  
11802 Ridge Parkway,  
Suite 200  
Broomfield, CO 80021

## 2. Article Number

(Transfer from service label)

PS Form 381

7014 2120 0002 9034 4173

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## C. Date of Delivery

6-3

## 3. Service Type

- ☐
- Certified Mail®
- ☐
- Priority Mail Express™
- 
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Dialogue Marketing, Inc.  
300 East Big Beaver Rd  
Suite 400  
Troy, MI 48063

## 2. Article Number

(Transfer from service label)

PS Form 3811,

7014 2120 0002 9034 4197

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

Nancy Wheeler

## C. Date of Delivery

6-4-15

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐
- Certified Mail®
- ☐
- Priority Mail Express™
- 
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- Collect on Delivery

## 4. Restricted Delivery? (Extra Fee)

☐ Yes